



Real Estate Ambassador Program Registration Form

Date: _____

Agent Name: _____

Home Address: _____

Company Name: _____

Company Mailing Address: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Virginia State License #: _____

Years in Real Estate business: _____

Real Estate Designations: _____

How many Norfolk properties have you sold in the previous 12 months? _____

What do you hope to accomplish by taking this course? _____

How did you hear about the Real Estate Ambassador Program? _____

Staff Use Only:

Registration Fee Received _____ Date Received: _____



Return to:
Bureau of Community Enrichment
Attn: Michelle Johnson
810 Union Street, 5th Floor
Norfolk, VA 23510
(757) 664-6772
(757) 441-1301 Fax

**Please remit this application
with \$35 check payable to:
City of Norfolk**